

Best Available Copy

-ISSUE SLIP STAPLE HERE (for additional cross references)

95430-5-10
09/29/52

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70305	4-20-99
O.I.P.E. CLASSIFIER		7	4-29-99
FORMALITY REVIEW	AB	#07033	5-6-95

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
1	✓
2	✓
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50	✓

Claim	Date
Final Original	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
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If more than 150 claims or 10 actions
 staple additional sheet here

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